

**TRANSMITTAL FORM**

(for all correspondence after initial filing)

Total number of pages in this submission =

|                |                 |
|----------------|-----------------|
| Application #  | 10/564,358      |
| Confirmation # | 9201            |
| Filing Date    | 05/18/2006      |
| First Inventor | MILLER          |
| Art Unit       | 1793            |
| Examiner       | Shevin, Mark L. |
| Docket #       | P08836US00/BAS  |

**ENCLOSURES** (check all that apply)

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Fees calculated below      | <input type="checkbox"/> Reply to Missing Parts/Incomplete Application |
| <input checked="" type="checkbox"/> Amendment/Reply            | <input type="checkbox"/> Certified Copy of Priority Document(s)        |
| <input checked="" type="checkbox"/> including Attachment(s)    | <input type="checkbox"/> Information Disclosure Statement              |
| <input type="checkbox"/> After Final Amendment/Reply           | <input type="checkbox"/> Drawing(s)                                    |
| <input type="checkbox"/> including Attachment(s)               | <input type="checkbox"/> Terminal Disclaimer                           |
| <input checked="" type="checkbox"/> Extension of Time Petition | <input type="checkbox"/>   |
| <input type="checkbox"/>                                       | <input type="checkbox"/>   |

**FEES CALCULATION:** For claims if required and/or other fees as shown below:

|   | NOW | Previously Paid For | Present Extra | Rate       | \$                  |
|---|-----|---------------------|---------------|------------|---------------------|
| <input checked="" type="checkbox"/> TOTAL CLAIMS                                      | 19  | - 20                | 0             | X \$ 52 =  | 0                   |
| <input checked="" type="checkbox"/> INDEPENDENT CLAIMS                                | 2   | - 3                 | 0             | X \$ 220 = | 0                   |
| TOTAL OF ABOVE CLAIMS FEES =  |     |                     |               |            | 0                   |
| <input type="checkbox"/> Reduction by ½ for <b>small entity status</b> of applicant   |     |                     |               |            |                     |
|   |     |                     |               |            | SUBTOTAL =          |
| <input checked="" type="checkbox"/> Fee for extension of time (per attached Petition) |     |                     |               |            | 0                   |
| <input type="checkbox"/> Other fee for  |     |                     |               |            | 490                 |
|   |     |                     |               |            | TOTAL OF ALL FEES = |
|   |     |                     |               |            | 490                 |

 Payment of \$ 490 is made by:

CREDIT CARD PAYMENT FORM - PTO-2038 submitted concurrently herewith.  
 ELECTRONIC FUNDS TRANSFER - submitted concurrently herewith.

The Director is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:  
(1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or  
(2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: October 31, 2008

  
Signed By Name: B. Aaron Schulman  
Attorney of Record Registration No.: 31,877

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